



APPROVAL FOR VISITATION WITH MULTIPLE OFFENDERS

Visitor's Name: _____

Date: _____

REQUEST FOR APPROVAL TO VISIT

Attach additional forms if necessary

Offender's Name	DOC Number	Facility
Unit	Relationship to Visitor	
Documentation attached (e.g., birth certificate, marriage/state registered domestic partnership license, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (please print):		
Recommend: <input type="checkbox"/> Approval <input type="checkbox"/> Denial _____ Classification Counselor		

Offender's Name	DOC Number	Facility
Unit	Relationship to Visitor	
Documentation attached (e.g., birth certificate, marriage/state registered domestic partnership license, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
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Recommend: <input type="checkbox"/> Approval <input type="checkbox"/> Denial _____ Classification Counselor		

Offender's Name	DOC Number	Facility
Unit	Relationship to Visitor	
Documentation attached (e.g., birth certificate, marriage/state registered domestic partnership license, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments (please print):		
Recommend: <input type="checkbox"/> Approval <input type="checkbox"/> Denial _____ Classification Counselor		

SUPERINTENDENT APPROVALS

To be placed on more than one offender's approved visitor lists, the Superintendent at each applicable facility must approve

Action: ☐ Approved ☐ Denied _____
Superintendent,

Action: ☐ Approved ☐ Denied _____
Superintendent,

Action: ☐ Approved ☐ Denied _____
Superintendent,